

RETIREMENT SAVINGS PLAN

TAX FREE SAVINGS ACCOUNT

RETIREMENT INCOME FUND

Client No.

Name _____
RSP/RIF - Annuitant
TFSA - Holder

Contract No.

Select one: First Designation (Note: Contract number will be added by trustee when the new application is processed.)
 Changing or Removing Designation

Concentra Use:

Pension Lock-In? Y/N
Plan Details
 { - If Sole Beneficiary is Spouse, Pay to Spouse Y
- If not, Pay to Spouse N

I, _____, of _____, in the Province of _____, the annuitant/holder under the above contract referred to above, do hereby declare that:

- a) I hereby revoke any prior Designation of Beneficiary made by me under this contract.
- b) The beneficiary(s) designated herein must survive me and accept this designation in order to receive benefits payable under this contract. If more than one beneficiary is entitled to receive benefits, they shall share the proceeds equally unless otherwise specified below. The Alternate Beneficiary designation is valid only in the event that all the Primary Beneficiaries listed herein have predeceased me or refused the designation. If no beneficiary designated herein survives me or accepts this designation, the proceeds of this contract shall be paid to my estate.
- c) All sums falling due under this contract, on or after my death, be paid to the Beneficiary(s) listed below.
- d) I understand this designation will not be recognized where I reside in Quebec at the time of my death.

PRIMARY BENEFICIARY

NOTE: If RRIF or TFSA Contract: Where the sole primary beneficiary is my spouse, this designation also stands as a Successor Annuitant/Holder appointment, whereby the original RRIF/TFSA contract continues in my spouse's name.

Name: _____ Relationship: _____
Address: _____ SIN: Minor (Y/N) _____
Name: _____ Relationship: _____
Address: _____ SIN: Minor (Y/N) _____
Name: _____ Relationship: _____
Address: _____ SIN: Minor (Y/N) _____

ALTERNATE BENEFICIARY(S)

Valid only in the event that all the primary beneficiaries listed above predecease me or refuse the above appointment.

Name: _____ Relationship: _____
Address: _____ SIN: Minor (Y/N) _____
Name: _____ Relationship: _____
Address: _____ SIN: Minor (Y/N) _____
Name: _____ Relationship: _____
Address: _____ SIN: Minor (Y/N) _____

CAUTION: 1) Your designation of beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.

2) If funds contained in this contract are subject to pension legislation, the addendum governing such funds may override this designation if a person other than your spouse (or other individual who has been given similar rights under the applicable pension jurisdiction) is designated to receive the proceeds.

3) Your estate may be responsible for reporting and paying income tax on proceeds paid to a designated beneficiary.

4) Designations are created and governed under provincial legislation. The provincial legislation may override this designation.

Date (DD/MMM/YYYY)

Witness (should not be a beneficiary or relative of annuitant/holder)

Annuitant/Holder's Signature

Received By: _____

Approved By: _____

Entered By: _____

Date Stamp